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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 958

County Registered No. 1162

Local Registrar's No. _____

ORIGINAL CERTIFICATE OF DEATH

PLACE OF DEATH
County Pima
District _____
Town Tucson
Or City _____

No. 90 E. Pennington St.
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

FULL NAME Matilda Harding

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	Color or Race White <u>Indian</u> Black <u>Chinese</u> Mexican	SINGLE MARRIED WIDOWED OR DIVORCED	DATE OF DEATH <u>Apr. 18th</u> 191 <u>7</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Aug 10</u> 18 <u>44</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>8/15</u> 191 <u>6</u> to <u>9/17</u> 191 <u>7</u> ; that I last saw her alive on <u>9/17</u> 191 <u>7</u> , and that death occurred on the date stated above at <u>10 A.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Mitral Regurgitation</u>		
AGE <u>73</u> yrs. <u>1</u> mos. <u>8</u> days hrs., or min.			(Duration) <u>2</u> yrs. <u>0</u> mos. <u>0</u> days		
OCCUPATION (a) Trade, profession or particular kind of work. <u>At home</u> (b) General nature of industry, business, or establishment in which employed or (employer)			Was disease contracted in Arizona? _____ If not, where? _____		
BIRTHPLACE (State or country) <u>New York</u>			CONTRIBUTORY (Duration) <u>9</u> yrs. <u>0</u> mos. <u>0</u> days		
PARENTS	NAME OF FATHER <u>Proknap</u>		(Signed) <u>J. D. Lawrence</u>		
	BIRTHPLACE OF FATHER (State or Country) <u>unknown</u>		<u>9/19</u> 191 <u>7</u> (Address) <u>Tucson Ariz</u>		
	MAIDEN NAME OF MOTHER		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER (State or Country)		LENGTH OF RESIDENCE At place of death <u>33</u> yrs. <u>0</u> mos. <u>0</u> ds. In Arizona <u>35</u> yrs. <u>0</u> mos. <u>0</u> ds. Former or Usual Residence <u>Arizona</u>		
The Above Is True to the Best of My Knowledge (Informant) <u>Mrs. E. L. Hawick</u> (Address) <u>Tucson Arizona</u>			Filed <u>Sept 19</u> 191 <u>7</u> <u>meade</u> Local Registrar		
PLACE OF BURIAL OR REMOVAL <u>Evergreen Cemetery</u>		DATE OF BURIAL OR REMOVAL <u>Sept. 20</u> 191 <u>7</u>		Filed <u>10-10</u> 191 <u>7</u> <u>E. J. ...</u> County Registrar	
UNDERTAKER <u>Reilly Undertaking Co.,</u>		ADDRESS <u>Tucson, Arizona</u>			

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.